



VA Desert Pacific Healthcare Network

VA E-mail News

Mission: To provide high quality, cost effective health care for America's veterans that exceeds their expectations and is enriched by outstanding research and education.

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NEW HANDBOOK UPDATES VA BENEFITS

A new edition of VA's popular handbook, *Federal Benefits for Veterans and Dependents* updates the rates for certain federal payments and outlines a variety of programs and benefits for American veterans. Most all of the nation's 25 million veterans qualify for some VA benefits, which range from healthcare program enrollment to burial in a national cemetery. In addition to describing those benefits provided by VA, the 2002 edition of the 100-page booklet provides an overview of programs and services for veterans provided by other federal agencies. The Guide includes resources to help veterans access their benefits, comprising a listing of various toll-free phone numbers, World Wide Web locations and a directory of VA facilities throughout the country. You can download the *Federal Benefits for Veterans and Dependents* at <http://www.va.gov/opa/feature/>.

NONSERVICE-CONNECTED MEANS TEST REQUIREMENT FOR VA CARE

Nonservice-connected and 0% service-connected veterans are required to provide an annual Means Test. We are unable to schedule a future appointment unless a current Means Test is on file. The "means test" collects information about your income and assets to establish your priority level for medical care co-payments. This is what you can do to keep yourself eligible to receive future care:

1. If you receive a "means test" form in the mail, complete and return it to the medical center within a week. You can read about the subject at: <http://www.va.gov/oig/52/reports/1997/7R1-G01-096--MEANS.PDF>
2. Make sure to notify the Enrollment Office at your local VA medical center or the medical clerk at your clinic appointment if any address changes.
3. If you have a scheduled medical appointment and have not filed a current "means test," plan to arrive at least thirty minutes prior to your appointment to complete the form. You will be required to complete the form before you see your medical provider. For more information about completing a "means test," please call:
- 4.

Facility Test Contact

VA Greater Los Angeles Healthcare System	310-268-3290
VA Southern Nevada Healthcare System	702-636-3000 x 3555
VA Long Beach Healthcare System	562-826-8000 x 2993
VA Loma Linda Healthcare System	909-825-7084 x 2043
VA San Diego Healthcare System	858-552-4364

Check out these Web sites

Network 22 Internet Site:

<http://www.visn22.med.va.gov/>

VA Compensation & Pension Benefits:

<http://www.vba.va.gov/bln/21/index.htm>

VA Memorial Benefits:

<http://www.cem.va.gov/>

VA Vocational Rehabilitation - Employment

<http://www.vba.va.gov/bln/vre/index.htm>

VA PREPARES FOR GRAND RE-OPENING OF LOS ANGELES REGIONAL OFFICE

VA Los Angeles Regional Office (LARO) has scheduled the Grand Re-Opening of their offices and museum for May 20 at 10:00 am. The offices at LARO are dedicated to America's veterans and their accomplishments. The "world class" museum tells a story of veteran's homecoming, the universal experience shared by every soldier returning from war, and the challenges they face coming home. VA Secretary Principi and other national personalities are scheduled to attend. Included in the displays are an authentic replica of a Civil War cannon, journals and logs from former POW's from World War II and audio and photographic memorials to veterans from the Vietnam Veterans Memorial Wall. All veterans and employees are encouraged to attend. The location of the event is the Federal Building at 11000 Wilshire Blvd in West Los Angeles.

NATIONAL NEWS:

VA'S NATIONAL HEPATITIS C PROGRAM

VA is the largest single provider of health care services to men and women afflicted with hepatitis C, and is the *only* large health care organization to institute a comprehensive screening and testing program for the disease. The designation of May as National Hepatitis Awareness Month provides a unique opportunity to highlight many of VA's accomplishments in health care and research. VA clinicians have been at the forefront of the study and management of liver disease for decades. Among the many causes of liver disease, including viruses, genetic diseases, alcohol and other toxins, VA has assumed a notable leadership position in the screening, testing and treatment of hepatitis C, a viral infection that affects up to four million Americans. VA's National Hepatitis C Program works to ensure that patients with, or at risk for, hepatitis C receive the highest quality healthcare services. The National Hepatitis C Program is a comprehensive approach to understanding, prevention and care of the disease. For the past several years, VHA has provided medical services to over 70,000 veterans with hepatitis C, and estimates that close to 7% (within VISN 22) of those who use VA's services are infected with the disease. In contrast, only about 1.8% of the general population is infected. Veterans may have been exposed to the virus through a bleeding wound, needle injury, intravenous drug use, tattoos, intranasal cocaine use or through

vaccinating air guns, that might well have inadvertently spread droplets of blood from one person to another. Hepatitis C may have gone undetected for 20 years or more. VA requires all patients to be screened (answer questions) for risk factors for hepatitis C, and those veterans who may have been exposed to the disease, should have a blood test for hepatitis C. A blood test is the *only* way to determine whether a person has the virus or not. Legislation (H.R. 639) pending in Congress would establish a comprehensive program for testing and treating hepatitis C among veterans. You can read more at: <http://www.va.gov/hepatitisc>. (Thanks to Drs. Joseph R. Pisegna and Timothy R. Morgan)

VA COLLABORATES WITH COMMUNITY HOSPICE ORGANIZATIONS

Working with community hospice organizations across the country, VA has begun a two-year project to expand hospice and palliative services as well as educating health care providers about compassionate and coordinated end-of-life care for the nation's veterans. Called the VA Hospice and Palliative Care Initiative (VAHPC), the project enhances and strengthens relationships between VA and non-VA health care organizations and provides opportunities for end-of-life care education. <http://www.va.gov/seniors/health/hospice.htm> (Thanks to Dr. Kenneth E. Rosenfield, GLA)

VA STUDIES LONG TERM EFFECTS OF TERRORISM

According to a joint VA and British study, the indirect consequences of a terrorist attack may be more severe than the direct, long-term harm caused by a weapon of mass destruction. The report, co-authored by Dr. Frances M. Murphy, VA Deputy Under Secretary for Health, was published in the Journal of Health Politics, Policy and Law, and examines the multiple challenges of a terrorist attack using chemical, biological, nuclear or radiological (CBN) materials. According to the report, besides direct casualties from an attack, "*the normal reaction to an unfamiliar and life-threatening event, fear, confusion and flight – could cause greater damage than the attack itself.*"

VA LAUNCHES PILOT TO RESTRUCTURE CLAIMS PROCESSING- SAN DIEGO CHOSEN-ONE OF FOUR SITES

VA is reforming its claims processing system to create specialized teams to decide benefits claims for veterans and their survivors. A pilot program to institute some of the broad recommendations of a 12-member Claims Processing Task Force will refine day-to-day duties and procedures for the specialized teams. In a report issued in October 2001, the task force found the past work management system was inefficient and caused errors. It noted that VA's "veteran service representatives" working on claims must currently understand more than 10,000 separate tasks. The pilot test is being conducted at four of 57 regional offices – San Diego is one of the four selected sites. Specific claims processing procedures and training needs will be developed based on the pilot so that other regional offices may adopt the procedures uniformly and with minimum disruption.

VA ISSUES MASTECTOMY COMPENSATION REGULATION

VA recently issued a regulation awarding special monthly compensation to women veterans with service-related loss of one or both breasts. Federal law provides a special monthly benefit of \$80 for certain service-related disabilities suffered by veterans. This special benefit is paid in addition to VA's regular disability compensation. To qualify, women must have their conditions officially recognized by VA as being "service-connected." In addition to loss of breasts, this special benefit is paid for a variety of other anatomical losses and for certain conditions affecting speech, hearing and sight. VA estimates it will receive about 600 cases over 5 years, at an estimated cost of \$2.9 million.

MINORITIES WITH HIV LESS LIKELY TO PARTICIPATE IN DRUG TRIALS

A landmark study recently published in the New England Journal of Medicine, reported that HIV researchers include few minorities in their drug trials, despite federal laws requiring them to increase minority participants. The study found that though blacks and Hispanics account for nearly half of HIV patients in the United States, they are far less likely to be included in HIV drug trials. The analysis was part of the HIV Cost and Service Utilization Study, a large collaborative effort based at the RAND Corporation involving several federal agencies and universities that collected data representing all 231,400

adults in HIV care in the United States. According to the lead author of the study, Dr. Allen L. Gifford of the VA San Diego Healthcare System, "*Among HIV patients in the United States, race and ethnicity influence access to experimental trials and therapies. Even when whites and minorities had similar education, health insurance, and degree of illness, whites were about twice as likely to have access to research trials.*" Gifford and his colleagues surveyed a representative sample of nearly 3,000 HIV patients three times between 1996 and 1998, asking about their participation in medication trials or other research. Even among patients who said that they actively sought out experimental drugs, whites were more likely than blacks to receive them (77 versus 69 percent) suggesting that factors over and above cultural reluctance to participate in research contribute to the discrepancy. It should be noted that the research was not done specifically at VA medical centers, but as part of a global random sample of HIV care providers in the U.S., and in fact, VA's patient study sample was underrepresented in the study.

VA BENEFITS FOR FAMILIES OF THOSE KILLED IN WAR ON TERRORISM

VA offers a variety of programs to assist survivors of active-duty military personnel killed in the War on Terrorism, whether in Afghanistan or in service elsewhere in the world. Shortly after September 11th, VA began working with the casualty offices of the military services to expedite life insurance benefits as remains of active-duty military personnel were identified at the Pentagon. VA maintains liaison with these offices to move quickly after receiving certification from DoD that a service member has died. To date, 42 service-members have passed away and VA provides certain benefits for the survivor's family, whether the in-service death is due to combat, accident or disease. Some of the benefits offered are: financial assistance of \$935 a month to a surviving spouse (more if there are children); life insurance of up to \$250,000; home loans, educational assistance; burial, which includes a gravesite and marker at a National Cemetery, and a flag and a Presidential Memorial Certificate.

AIDS DRUG FARES WELL IN BIG TRIAL

The first of a new class of AIDS drugs has proved to be effective in its first large clinical trial, opening a new front in the battle against the disease. According to Dr. Douglas D. Richman, Head of Virology Laboratory of VA San Diego Healthcare System, *"It provides an option for people with failing therapy."* T-20 is the most advanced of a class of drugs known as entry inhibitors, which seek to keep the AIDS virus from infecting the cells of the immune system. Current drugs block one or two enzymes that are used by the virus HIV to replicate after it has infected the immune cells. While current drugs suppress the virus, HIV often becomes resistant to one or more of the drugs in many patients. As such, there is a need for new drugs that work through different mechanisms to treat patients who are no longer helped by other drugs. T-20 is called a fusion inhibitor because it blocks HIV from blending with the cell it wants to enter. T-20 is still in development and has not yet been approved by FDA for clinical use. To learn more about VA's continued research, go to: <http://www.va.gov/pressrel/98fsaids.htm> (Thanks to Dr. Matthew Goetz, Chief, Infectious Diseases, GLA)

VA CREATES ADVISORY COMMITTEES - GULF WAR VETS, HOMELESS VETS, POW's

The Secretary of Veterans Affairs recently announced a series of new advisory committees to help VA oversee its research into medical problems for veterans of the Gulf War, homeless veterans and former prisoners of war. For more information, please visit the following websites: Gulf War: http://www.va.gov/resdev/fr/rpa_pers.cfm
Homeless Vets: <http://www.va.gov/pressrel/hmls01fs.htm>
POW's: <http://www.va.gov/pressrel/98fspow.htm>

VA INCREASES FILIPINO BENEFITS

More than a thousand Filipinos who served alongside U.S. forces in the Pacific in WWII and now live in the U.S., as citizens or permanent resident aliens, will see their disability benefits double under a new policy providing equity in veterans' compensation. Those Filipino veterans eligible for benefits served before July 1, 1946 in the organized military forces of the government of the Commonwealth of the Philippines while under the military order of President Roosevelt, including organized guerrilla forces under commanders designated by the U.S. military. <http://www.va.gov/pressrel/filipvet.htm>

VA SECRETARY HONORS PHILIPPINE VETS

Marking the 60th anniversary of the fall of Bataan and to honor the sacrifices of American and Filipino soldiers in the defense of freedom and democracy in the Pacific, the VA Secretary helped commemorate the event by placing a special wreath at the Tomb of the Unknown at Arlington National Cemetery. Also taking part in the event was the Philippine Ambassador to the U.S. and Senator Daniel Inouye, a highly decorated veteran of WWII. During the war, about 12,000 U.S. forces, 20,000 Filipino regulars and 100,000 reservists defended the islands against a larger, better equipped Japanese force that landed in December 1941. In five months of fighting, the allies were pushed back to the Bataan Peninsula and later the Island of Corregidor which fell on May 6, 1942.

VA EXPANDS DEFINITION - ATOMIC VETS

VA recently added five new cancer classifications attributed to exposure to radiation during a service member's military service: bone, brain, colon, lung and ovary. The definition of "radiation risk activities" has been expanded to include veterans who performed duties related to certain underground nuclear tests at Amchitka Island, Alaska prior to January 1, 1974. Additionally, the new definition includes veterans exposed while performing service at gaseous diffusion plants located in Paducah, KY, Portsmouth, OH and an area known as K25 at Oak Ridge, TN. Previously, 16 cancers were presumed to be service-connected for veterans exposed to ionizing radiation and was limited to service members who took part in the occupation of Hiroshima or Nagasaki or onsite at atmospheric nuclear weapons tests, or American POW's interred in Japan during WWII. VA's changes ensure equity between veterans and federal civilians who may be entitled to compensation for these cancers caused by radiation under comparable federal laws such as the Radiation Exposure Compensation Act of 1990. You can read more at: <http://www.va.gov/opa/pressrel/PressArtInternet.cfm?id=387>

***VA COMMITTEE HELD HEARING TO EXAMINE
NATIONAL HEALTH CARE FORMULA FOR VETERANS***

The House Veterans Affairs Committee held a public hearing on April 30 to examine VA's health care funding formula that determines where federal health care dollars for veterans are spent. The public field hearing in Trenton, NJ examined the Veterans Equitable Resource Allocation (VERA) formula that apportions federal funding for veterans' health care to each of 21 Veterans Integrated Service Networks (VISNs) and focused on recent GAO and VA Inspector General (IG) reports calling for changes to the VERA formula. First developed in 1996, the VERA formula was implemented in April 1997 to better align VA's limited health care resources with the workload at VA facilities across the country, especially to account for population shifts. Recent reports by both GAO and IG recommended that all enrolled veterans be included in VERA's calculation of workload. Currently, veterans in category 7 (those without service-connected disabilities and whose incomes are above defined poverty levels) are not included in VERA. <http://www.va.gov/OCA/testimony/25SE981A.doc>

FORMER CHAIRMAN - VA COMMITTEE SET TO RETIRE

House Armed Services Chairman, and former Chairman of the House Veterans Affairs Committee, Bob Stump (R-AZ), will retire at the end of the 107th Congress in January. Stump, a 13-term veteran of the House, is in his first term as Armed Services Chairman. Mr. Stump is one of only 8 current members in the House of Representatives who are veterans of WWII. Rep. Duncan Hunter is considered the leading candidate for chairmanship of the House Armed Services Committee. (As reported in Roll Call and Congressional Quarterly)